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## **COVER LETTER**

	Registration Sect Division of Corp					
SUBJEC		PRAGON LLC				
30bir.c.	·	Name of Lim	ited Liability Compa	ny		
		mendment and fee(s) are sub				
		BAOYAN HUANG				
			Name of Pers	on		
		FORTUNE DRAGON LLG	C			
			Firm/Compar	ıy		
		4320 S FLORIDA AVE				
			Address			
		LAKELAND, FL 33813				
		baoyanhuang@hotmail.com	City/State and Zip	Code		
		E-mail address: (0	to be used for future :	annual report notif	ication)	
For furthe	er information cor	ncerning this matter, please co	oll:			2023 DEC
BAOYAN	N HUANG		863 at (	602-9353		
	Name of I	'erson	Area Cod	le Daytime	Telephone Number	— 11 FX
Enclosed	is a check for the	following amount:				2: 07
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	рру	S60.00 Filin Certificate of Certified Co radditional cop	of Status &
Ž	Mailing Address:		Str	eet Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) inited Liability Company)	)
opany were filed on 11/10/2023	and assigned
d liability company here:	
Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
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ffice address on our records, <u>enter th</u>	ne name of the new registered
	23
	07 2\[E
Enter Florida street address	<u>-</u>
1	Hiability company here:  Liability Company," the designation "LLC" on NA  NA  NA  S5)  NA  Tice address on our records, enter the

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cire

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

ANIDIC - Audiotized regimper				
<u>Title</u>	Name	Address	Type of Action	
MGR	DAN QIU	6997 BENTRIDGE DR, LAKELAND, FL 33813	<b>≣</b> Add	
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Effective date, if other than th	ne date of filing:	(optional	)
f an effective date is listed, the date in <b>Note:</b> If the date inserted in this	oust be specific and cannot be prior to date of block does not meet the applicable state	filling or more than 90 days after filling	u i Pursuant to 605 020
document's effective date on the	Department of State's records.	mery rang requirements, this dat	. will not be fixed a:
record specifies a delayed effect d is filed.	ive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) T	he 90th day after the
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Dated Nov 16th	2023		
0 17	A/1		
_ X no lul			
701	Signature of a member or authorized repr	resentative of a member	

Filing Fee: \$25.00